


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000031847 1. Entity Name QUALITY BUILDERS OF SOUTH FLORIDA, INC.	
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Principal Place of Business 907 FAIRVIEW STREET LAKE WORTH, FL 33461	Mailing Address 907 FAIRVIEW STREET LAKE WORTH, FL 33461
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04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1693556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DONELON, THOMAS CPA 515 N FLAGLER DR. STE. 300-P WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, ROBIN L 907 FAIRVIEW STREET LAKE WORTH, FL 33461
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROBIN SMITH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** 4/15/05
Date Daytime Phone #